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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 4118

|  |   |   |                        |                                     |
|--|---|---|------------------------|-------------------------------------|
| SERIAL NUMBER<br>09/900,204  | FILING OR 371(c)<br>DATE<br>07/06/2001<br>RULE  | CLASS<br>713  | GROUP ART UNIT<br>2115 | ATTORNEY<br>DOCKET NO.<br>ERLG.P026 |
| <b>APPLICANTS</b><br>Barrie Jeremiah Mullins, Wicklow Town, IRELAND;<br>Michael Lardner, Tuam, IRELAND;<br>Aedan Diarmuid Cailean Coffey, Kilkenny, IRELAND; |   |   |                        |                                     |
| <b>** CONTINUING DATA *****</b>  |   |   |                        |                                     |
| <b>** FOREIGN APPLICATIONS *****</b><br>IRELAND S2000/0548 07/06/2000<br>IRELAND S2000/0708 09/07/2000   |   |   |                        |                                     |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 08/24/2001</b>   |   |   |                        |                                     |
| Foreign Priority claimed   | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY<br>IRELAND   | SHEETS<br>DRAWING<br>5 | TOTAL<br>CLAIMS<br>3                |
| 35 USC 119 (a-d) conditions met  | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance             |   |                        | INDEPENDENT<br>CLAIMS<br>1          |
| Verified and Acknowledged  | Examiner's Signature _____ Initials _____   |   |                        |                                     |
| <b>ADDRESS</b><br>21121  |   |   |                        |                                     |
| <b>TITLE</b><br>A SYSTEM FOR COMMUNICATING A SIGNAL TO A DEVICE INDICATING AN OUTPUT SUPPLY LEVEL BEING PROVIDED TO A BACKPLANE FROM A POWER SUPPLY UNIT     |   |   |                        |                                     |
| FILING FEE RECEIVED<br>720   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                        |                                     |